

received any HBV vaccination. Therefore there is need to fully vaccinate all first year medical and nursing students in Uganda.

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A community health worker program for hypertension control in tribal India

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Background: Cardiovascular disease is the leading cause of death worldwide, including low- and middle-income countries. India bears a significant burden of this disease, with skyrocketing rates of hypertension, diabetes, and myocardial infarction. Most of India's population lives in rural areas, and there exists an excellent opportunity for effecting systems-wide change in this burden of disease by training community health workers in under-resourced regions in India to diagnose and manage cardiovascular disease risk factors. Chart reviews in the remote tribal region of Sittilingi Valley in Southern India have shown hypertension prevalence rate of forty-one percent in the above-60 population. The purpose of this intervention was to train community health workers in an under-resourced region of India with a high burden of hypertension to diagnose, manage, and refer hypertensive patients appropriately.

Methods: In partnership with local non-governmental organization, the Tribal Health Initiative, we have trained 24 community health workers in the Sittilingi Valley to diagnose hypertension through six three-hour training sessions over a seven-month period. We worked with the head nurse to train the community health workers to check blood pressure, document blood pressure values in a log, refer patients with uncontrolled hypertension to the central clinic, and provide patients with well-controlled hypertension with continuing medications and lifestyle advice.

Findings: After a year of this program, community health workers have screened 598 patients over age 60 and 245 patients have been identified as hypertensive, defined as blood pressures greater than 140/90. We found a baseline hypertension prevalence rate of 44% in the over-60 population. All patients who were initially screened as hypertensive received initial evaluation and medication initiation by a physician and were then followed in the field by community health workers. The community health workers only referred patients with uncontrolled hypertension back for physician management. After one year, 51.8% of hypertensive patients had blood pressures less than 140/90. An average of 82 days were needed to first achieve blood pressure control in hypertensive patients, an average of 2.8 visits were needed to first achieve blood pressure control, and twelve percent of patients never achieved blood pressure control up to eleven visits later.

Interpretation: A teaching program educating community health workers about hypertension followed by screening, diagnosis, and management of hypertension by community health workers in the field is a feasible mechanism for achieving hypertension control in a remote tribal community in India. These promising results show that community health worker training is a potentially good avenue for decreasing hypertension rates in remote global settings with physician shortages.

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Developing a global health research workforce: Basic competencies for health professional trainees, their mentors and host collaborators

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Program/Project Purpose: The escalating interest in global health among medical students, residents, and other health professionals includes a desire to pursue research while engaged in global health electives. If trainees were adequately prepared, they could augment the existing research workforce and positively contribute to health education, research, and clinical service worldwide. However, to date, formal training in research is rarely included in current medical curricula. Lacking experience in both global health and research methods, trainees' research efforts are unlikely to be successful and may be disruptive for their hosts. The aim of this presentation is to communicate proposed core competencies in global health research for trainees, challenges of trainee research in resource-limited settings, identify the types of global health research experiences that are most appropriate for trainees, and articulate specific steps necessary for trainees and their host partners to engage in productive research in diverse resource settings.

Structure/Method/Design: In an effort to close the gap between training and research implementation by trainees, we have developed a set of competencies for aspiring global health researchers. These competencies aim to identify the essential knowledge, attitudes, and skills required for global health research at a level commensurate with the experience of most medical and other health professional trainees.

Outcome and Evaluation: The competencies outlined in this presentation are under review by members of the CUGH education subcommittee and others with global health education and research expertise. Feedback gathered through the review process will be used to further refine the proposed global health research competencies.

Going Forward: Establishing global health research competencies will help guide novice researchers and their mentors, clarify partnership expectations for host preceptors, and serve as an outline for formal curricula in global health research.

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Development of an effective mentorship program for preclinical medical student global health research training

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Program/Project Purpose: The University of Texas Medical Branch (UTMB) sends approximately 50 preclinical medical

students on global health rotations each. Since 2012, these rotations have focused on value-adding, mentored scholarly projects, developed with host site collaborators rather than on clinical observation. This change was prompted by the need to find meaningful ways preclinical medical students could engage with international partners while minimizing the supervisory burden on host partners that accompanies preclinical students placed in clinical situations. The mentorship component of this endeavor is critical to successful development, implementation, and appropriate dissemination of the scholarly projects. In 2015 an evaluation of the scholarly training and mentorship component was conducted. This presentation will report the results of the evaluation of the mentorship component, both from the mentors' perspective and the students' perspective and discuss best practices, lessons learned, and future directions.

Structure/Method/Design: The formal evaluation included semi-structured, one-on-one interviews were conducted with mentors and students who participated in the 2015 global health preclinical preceptorship experience. Mentors were asked to describe student preparedness to participate in scholarly activity, challenges faced, and discuss their mentorship experience, both with UTMB medical students and non-UTMB students. Students discussed their thoughts on the mentorship received and asked to provide feedback on changes needed to make the mentorship experience better.

Outcome and Evaluation: Overall, both mentors and students were highly satisfied with the mentorship experience. Mentors suggested additional and new preparation needed for students and outlined challenges to mentoring such as lack of time and student accountability to deadlines. Students reported satisfaction with the opportunity to develop a close relationship with a mentor, both in terms of academic skills and in personal development. The common theme brought up by students was communication. The better the communication, the better the experience. Other students reported that a lack of communication as well as slow response to questions negatively impacted their view of the mentor experience.

Going Forward: Feedback from mentors, students, staff, and host site supervisors has been collated and a revised mentorship plan will be implemented in 2016 to address these challenges.

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Meeting unmet need for family planning in rural Uganda through village health worker distribution of emergency contraception: Assessing attitudes and use

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Program/Project Purpose: Doctors for Global Health, in partnership with Kisoro District Hospital, has trained Village Health Workers (VHWs) in Kisoro, Uganda, for 10 years. Once "certified", VHWs serve as primary health providers and educators in their villages, equipped with medications and treatment algorithms. In this rural district, emergency contraceptive pills (EC) are inaccessible. Given our extensive existing

network of VHWs, we assessed their willingness to provide EC to women in their villages and whether this is a feasible way to alleviate the unmet need for family planning in this area.

Structure/Method/Design: We initially introduced EC in lectures at two training days and reinforced the concepts in monthly tutorials in the community. We administered written evaluations before and after each training to evaluate attitudes toward and knowledge about EC and conducted seminars to share experiences, answer questions, and evaluate use of EC. We emphasized that EC is not an abortifacient and the lower effectiveness of EC compared with other contraceptive methods. EC pills (levonorgestrel 1.5 mg tabs) were purchased locally and distributed to VHWs along with a treatment algorithm if they attended the community-based tutorials.

Outcome & Evaluation: Initial familiarity with EC was low and attitudes mixed, with many VHWs stating it is appropriate only for unmarried women or that it could cause fetal harm. However, after tutorials, all acknowledged that "EC is safe for all women", and 36 of 40 reported that they would feel comfortable providing EC to women in their villages. All followed the treatment algorithm correctly. At three months, 9 of 15 VHWs who had received EC supplies reported using it correctly at least once in the village. Clinical supervisors continue to validate use monthly.

Going Forward: VHWs are capable of using antibiotics and anti-malarials, yet their role in family planning has been limited. EC should be an element of a robust family planning system, especially in areas where women are looking for safe and short-acting methods that they can self-administer. Well-trained VHWs are key to overcoming barriers to access and, with adequate education, many are eager to provide this service to their communities.

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Development of a global database for health policy and systems research training opportunities

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Program/Project Purpose: Capacity-building opportunities need to expand to support the growing field of Health Policy and Systems Research (HPSR). In 2014, the Thematic Working Group (TWG) on Teaching and Learning HPSR in Health Systems Global mapped the existing training opportunities in HPSR around the world. To promote existing training and access to materials, we created an online database of HPSR training, including a repository of open access training materials. This database is a valuable tool for those wishing to participate in, establish, or support HPSR training programs.

Structure/Method/Design: The global mapping study for HPSR training included structured online searches, a global survey of HPSR courses, and key informant interviews with instructors to identify as many existing training opportunities as possible. Building on this study, respondents were asked to provide materials for inclusion into an accessible and easy-to-use online database for students, faculty, institutions, and donors to use in promoting and strengthening their work.